

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01011 (6)**

1. Corporation Name  
**ASSOCIATED MATERIALS INCORPORATED**



Principal Place of Business: **3773 AKRON-CLEVELAND ROAD, PO BOX 2010, AKRON OH 44309**  
Mailing Address: **3773 AKRON-CLEVELAND ROAD, PO BOX 2010, AKRON OH 44309**

3. Date Incorporated or Qualified: **02/23/1984**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **75-1872487**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	WINSPEAR, WILLIAM W.	1.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	
TITLE	SVT	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	WINSPEAR, ROBERT L.	2.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	VAUGHAN, PATRICIA M.	3.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	KAUFMAN, DONALD L.	4.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	BUSSMAN, JAMES R.	5.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	ST. CLAIR, MICHAEL R.	6.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. R. St. Clair* M. R. St. Clair, Vice President 4/22/96 (330) 922-2079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in a Phone #

CRE034 (12/95)